

- Beach Cities Advanced Imaging
- Beverly Tower Los Angeles
- Beverly Tower Wilshire Advanced
- Beverly Tower Women's Center
- Huntington Park Advanced Img



Imaging Request

Los Angeles Locations

Scheduling P: (310) 854-7722 | F: (310) 854-0011
 BeverlyTowerScheduling@Radnet.com

- Resolution Advanced Img
- Torrance Advanced Img
- Westchester Advanced Img
- Wilshire Downtown Adv Img
- Montebello Advanced Img

Appointment Date: _____ Appointment Time: _____ Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____

Referring Physician: _____ Physician Signature: _____

Phone: _____

Patient to bring images to Doctor

Call in STAT results

MR

CT

Ultrasound

PET/CT

- MRI**
- With & Without Contrast
 - Without Contrast
 - Contrast, as Indicated
 - 3D Recon
 - Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
 - NeuroQuant
 - Orbits
 - TMJ
 - Neck - Soft Tissue
 - Spine:
 - Cervical Thoracic Lumbar
 - Extremity: Joint Left Right
 - Specify body part _____
 - Extremity: Non-Joint Left Right
 - Specify body part _____
 - Breast CAD
 - Mass Implant
 - MR Guided Breast Biopsy
 - MR Enterography
 - Chest
 - Abdomen
 - Adrenals MRCP
 - Pelvis Bony Pelvis Soft Tissue
 - Prostate
 - Spectroscopy Bones add Nodes
 - Other: _____

- Diagnostic CT**
- With & Without Contrast
 - Without Contrast
 - Contrast, as Indicated
 - 3D Recon
 - Brain
 - Orbits
 - IAC Middle Ear
 - Maxillofacial - Facial Bones
 - Sinus (Maxillofacial)
 - Neck (soft tissue)
 - Spine:
 - Cervical Thoracic Lumbar
 - Extremity Left Right
 - Specify body part _____
 - Chest
 - Abdomen (pelvis if indicated)
 - Abdomen and Pelvis
 - Urogram (abdomen/pelvis)
 - Pelvis
 - Treatment Plan: _____
 - Biopsy _____
 - CT Enterography
 - Other: _____

- CT Dental**
- Mandible
 - Maxilla

- CTA (angiography)**
- Head
 - Neck
 - Extremity: Upper Lower
 - Chest
 - Aorta and runoff vessels
 - Abdomen
 - Pelvis
 - Cardiac
 - Coronary Calcium Score

Creatinine: _____
Lab Date: _____

Breast Imaging

- Screening **3D TOMO** Mammogram
 - 2D Screening
 - Diagnostic **3D TOMO** Mammogram
 - 2D Diagnostic
 - Breast Ultrasound
 - Left Right Bilateral
 - Stereotactic Breast Biopsy
 - Other: _____
- Date last mammogram: _____

- MR Angiography**
- With & Without Contrast
 - Without Contrast
 - Contrast, as Indicated
 - Brain
 - Neck - Carotids
 - Chest
 - Abdomen
 - Aorta Renal
 - Aorta and runoff vessels
 - Pelvis
 - Extremity: Left Right
 - Other: _____

MR Arthrography Left Right

- Shoulder
- Elbow
- Wrist
- Hip
- Knee
- Ankle
- Other: _____

- Abdomen _____
- Abdomen Limited
 - Liver Gallbladder
 - Right Upper Quadrant
- Abdomen w/Doppler if indicated
- Renal _____
 - w/bladder
- Bladder _____
- Aorta/Retroperitoneal
- Pelvis (TV if indicated)
- Pelvis Transabdominal Only
- Scrotum w/Doppler
- Thyroid
- Biopsy / Aspiration
 - Area _____
- Extremity (Non-Vascular)
 - Upper Lower L R Bil
- Other: _____

- Vascular Studies**
- Carotid Doppler (Duplex) _____
 - Venous Mapping
 - Extremity:
 - Arterial Venous
 - Upper Lower L R Bil
 - Other: _____

- OB Ultrasound**
- OB Ultrasound (TV if indicated)
 - Limited (Viability, Heart Beat, Position, Fluid, Placental Location)
 - Follow-up (specify documented problem) _____

Fluoroscopy

- Arthrography
 - Specify body part: _____
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Other: _____

Interventional Radiology

For services please call: (310) 854 - 7722

- PET/CT, Skull Base to Mid-thigh
- PET/CT, Whole Body (Melanoma)
- PET/CT, Brain
- PET/CT, Amyloid
- PET/CT, Axumin

Nuclear Medicine

- Bone Scan _____
 - Whole Body Limited 3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)
 - Exercise Pharmacologic
- MUGA(cardiac blood pool)
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Emptying
- Renal Captopril Lasix
- Gallium
- White Blood Cell (WBC)
- Other: _____

X-Ray

- Head:
 - skull orbits sinuses
- Spine:
 - cervical thoracic lumbar
- Chest: PA PA/LAT
- Ribs:
 - Unilateral Bilateral w/PA Chest
- Abdomen: KUB Two Views
- Pelvis
- Hips w/AP pelvis, bilateral
 - Unilateral Left Right
- Extremity:
 - Left Right Bilateral
 - Specify Body Part _____
- Other: _____

DEXA

- Bone Density
 - Reason for bone density: _____

Date of last exam: _____

Please bring this form and your insurance card with you on the day of your exam.